



Administrator: Sharon Casey

6/131 Britten Jones Drive

HOLT ACT 2615

M: 0404 217 528 | E: musicfun@jocresswell.com

MUSIC ENROLMENT FORM 2019		OFFICE USE ONLY	
Student Surname:		Music Teacher.: Year of Entry: Info Sent: Welcome Letter Financial Policy	
Student Given Names:			
Preferred Name:			
MUSICAL INSTRUMENT PREFERRED: Guitar			
Preferred Music Teacher (if known):			
Family Details			
Invoice to [eg Mr & Mrs Smith]			
Address Suburb/City		Pcode	_____
Family Phone Number		Email:	
Student Details			
Preferred Name:		School: TAYLOR PS Year	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female (please tick one)	Class Name		
Date of Birth	Class Teacher		
Current Age in years	Other instruments being learned:		
Other siblings in music program? Y/N	Name(s) of siblings in program		
Contact Details			
Details	Parent/Guardian 1	Parent/Guardian 2	
First Name			
Surname			
Relationship			
Address – Street			
Suburb & Post Code			
Home Phone Number /Work Phone			
Mobile			
Email Address			
Other information we should know about your child for their health , safety and welfare?			